Gendering attention deficit hyperactivity disorder: a discursive analysis of UK newspaper stories


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Gendering ADHD: A Discursive Analysis of UK newspaper stories

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Discursive psychology is used to study the gendering of Attention Deficit Hyperactivity Disorder in UK national newspapers in the period 2009-2011. The analysis examines how gendering is embedded in causal attributions and identity constructions. ADHD is portrayed as a predominantly male phenomenon with representations of ADHD being gendered through extreme stories about victims, villains or heroes that depict boys and men as marginalised, exceptional or dangerous. There is also a focus on mothers as the spokespersons and caretakers for parenting and family health and fathers are rendered more invisible. This contributes to our understanding of how ADHD is constructed in the media using a range of gendered representations that draw on cultural stereotypes familiar in western societies.

Attention deficit hyperactivity disorder is one label currently used to describe a medical category that has been the topic of much debate. The history of ADHD is a contentious one that covers the decades since 1900 under the guise of over twenty different labels that have described much the same kinds of behaviours according to Mayes and Rafalovich (2007). Singh (2002a; 2002b), Conrad and Potter (2000) and Mayes and Rafalovich (2007) have each put forward the argument that socio-cultural representations of ADHD are developed in tandem with the development of scientific and medical diagnostic categories and that there is a relationship between how ADHD is defined in diagnostic tools, the research literature, and how ADHD is represented in popular culture. Conrad and Potter (2000) also provide a full discussion of the social processes that drive the expansion of medical categories such as ADHD.

The condition now known as ADHD has developed through incremental changes to DSM over several decades. To summarise some of the key changes, DSM-II (American Psychiatric
Association, 1968) first referred to a childhood disorder known as ‘hyperkinetic reaction’ which was deemed to be a consequence of minimal brain damage; DSM-III (American Psychiatric Association, 1980) categorised sub-types of Attention-deficit disorder (ADD) with hyperactivity and Attention-deficit disorder (ADD) without hyperactivity, the latter deemed less serious: These two were associated with an increased range of behaviours that were classed as symptoms. In DSM-III-R (American Psychiatric Association, 1987) ADD was renamed Attention deficit hyperactivity disorder (ADHD) which included children who were hyperactive and impulsive but not inattentive. DSM-IV (American Psychiatric Association, 1994) expanded the clinical diagnosis of ADHD to specifically include adults and provided for symptoms and dysfunction in settings other than school and home. In Europe, the label ‘hyperkinetic syndrome’ is more often used and is defined in the International Classification of Diseases, 10th revision, ICD-10 by the World Health Organisation (1994) however both DSM-IV and ICD describe similar symptoms of impulsivity, hyperactivity and inattention. The clinical diagnosis of ADHD varies globally with a variation in prevalence rates in the UK between 0.5 to 26% and 2-18% in the US (UK National Institute of Clinical Excellence, 2009: 514). The UK, National Institute of Clinical Excellence (2009: 28) reports a global average of prevalence studies at 5.3% with the incidence of children receiving medication for ADHD rising from 0.5 per 1,000 children in the late 1970s to more than 3 per 1,000 in the late 1990s. They report a dramatic increase in global averages in the consumption of psycho-stimulant medication between 1999 to 2003, arguing that such variations in global prevalence and stimulant drug prescription suggest that there are socio-cultural influences on the definition, diagnosis and treatment of ADHD worldwide.

Medical interest in ADHD is often traced to the work of George Still, for example, in Mayes and Rafałovich’s (2007) outline of the history of the origins of ADHD. Still described a
‘defect of moral control’ affecting children who had neurological damage or deficiency (Still, 1902: 1008). A link between disease, brain damage and behavioural disturbances underpinned the establishment of ADHD as a medical condition but since the 1900s a variety of labels have been used. For example, Tredgold (1922: 184) described ‘post-encephalitic behaviour disorder’ following the 1918 influenza epidemic. Kahn and Cohen (1934: 749-50) referred to ‘organic drivenness’ caused by a developmental defect. Laufer (1957) described ‘hyperkinetic impulse disorder’ following brain damage and the term ‘minimal brain dysfunction’ also included psychological explanations (Clements and Peters, 1962). Bradley’s (1937) discovery of the effect of stimulant drugs on hyperactive children and Laufer and Denhoff’s (1957) subsequent introduction of Ritalin treatment for behavioural management provoked a backlash of public concern in the 1960s US leading to sociological critiques that claimed medication was being used for social control. Such proponents argued that childhood behaviours were better explained by home or school environments (Conrad, 1976; Schrag and Divosky, 1975). Others (such as Feingold, 1975) focused attention on the effect of food additives such as artificial colourings on children’s behaviours. The debate on ADHD and the research that fuelled it polarised around biomedical and psychosocial explanations that mirror the nature-nurture debate (Singh, 2002a; 2002b; 2003; 2004). In the UK, both biological and psychosocial explanations were recently brought together in an official report describing ADHD as the result of a complex interaction of genes and environment (National Institute of Clinical Excellence, 2009).

**ADHD and gender**

A significant aspect of the ADHD debate has been the recurring finding across decades that there is a gender bias in the incidence of ADHD showing that boys with ADHD outnumber girls (Laufer and Denhoff, 1957; Lloyd and Norris, 1999; Still, 1902; Ohan and Visser, 2009).
and some have noted that girls are less likely to receive ADHD services than boys (Swanson et al, 1998). This, it is argued, could be partly explained by a ‘disruptive hypothesis’ because boys with ADHD are more disruptive than girls (Ohan and Visser, 2009). More boys have the impulsive-hyperactive sub-type of ADHD (Quinn, 2005) which DSM-III identified as more serious (APA, 1980). This type of ADHD was argued to be more disruptive and therefore noticeable to teachers who were more likely to refer boys than girls (Scuito et al, 2004; Quinn, 2005) On the other hand this argument for gendered symptomology supports Conrad’s sociological contention that ADHD diagnostic labels and medication may be used as a form of ‘social control’ for deviance and the unruly behaviour of boys (Conrad, 1976).

The relationship between ADHD and gender is an important and complex phenomenon that can be partly explained by socio-cultural influences and partly by the development of psychiatry and social scientific theorising. Some have pointed out that western culture has a bias towards ‘mother-blame’ and this has been observed in relation to children with disabilities (Blum, 2007; Malacrida, 2002; 2003; 2004) whilst a focus on the mothers of children with ADHD is a persistent feature underpinning much research on ADHD and clinical practice (Malacrida, 2002). ‘Mother-blame’ and the bias towards medication of disruptive boys have crystallised over time into a focus on mothers and sons. Both Blum (2007:202) and Malacrida (2002) have observed how mothers are held responsible for the health of children, families and nations and Blum links this to a ‘mother/valor - mother/blame binary’ that is entrenched in Western culture. Malacrida uses a Foucauldian rationale to points out that motherhood has become the site of medical, social and educational interventions that are designed to regulate mothers and oversee their care of children. An increased range of childhood and family problems have been defined as risk and brought into the domain of expert intervention. It is argued that mothers are held increasingly accountable
for obtaining the right kind of expert help and guidance for their children and putting it into practice. As Malacrida puts it, ‘the medicalized child becomes a mirrored surface on which the medical/professional gaze is reflected, creating maternal guilt by association’ (Malacrida, 2002: 367). Links between mothering and ADHD date back as far as the 1950s, when Laufer and Denhoff (1957: 464) recommended Freudian psychotherapy for childhood neuroses and ‘mother issues’. This approach also drew on behaviourist theory to argue the case for boys in particular to become emotionally separate from mothers for successful development. The legacy of psychodynamic and behaviourist approaches in this early research led to the closeness of the mother-child relationship being placed under medical scrutiny. Singh (2002b) has since argued that brain explanations and a ‘medical-scientific’ approach to ADHD have now replaced psychodynamic explanations and early behaviourist theories that depicted problem boys as the victims of ‘toxic motherhood’ but she claims that the link between ‘a problem boy and his problematic mother’ has remained entrenched in the public imagination through the dissemination of expert knowledge in the popular media over time (2002b:579). Singh argues that the pathologising of motherhood in the public imagination laid the groundwork for pressure on families to accept medication to manage unruly boys.

**ADHD in the media**

ADHD has been the topic of media debate for a number of decades and as Singh (2002b) points out the media has been an important influence in how knowledge and understanding of ADHD has been disseminated alongside social scientific theory and research findings. There is a body of research that demonstrates how public understanding of disability and illness is influenced by representation in the media (Jones and Harwood, 2009; Auslander and Gold 1999; Pointon and Davies 1997; Shakespeare 1994). The media influence public knowledge
of medical conditions (Phillips (1991) including public perceptions of mental illness, often having stigmatising consequences (Allen and Nairn, 1997; Philo, 1996; Ray and Hinnant, 2009). A number of media studies of ADHD have been produced over the past two decades. Lloyd and Norris (1999: 506) have described the role of the UK press in providing information to parents and to professionals, and contributing to the debate as to the nature of ADHD, what causes it and how it should be treated. Similarly, the debate on ADHD and its treatment has been fuelled by the media in the US (Rafalovich, 2004:1) and by parenting guides in the US (Rafalovich, 2001). Similarly, Ray and Hinnant (2009: 1) have observed how ADHD has been transformed into ‘a cultural phenomenon’ in the US by normalising Ritalin medication or by stigmatising unruly children with ADHD as a danger to others. Clarke (2011) has recently written on the media portrayal of risks associated with ADHD whilst England-Kennedy (2008) studied the phenomenon of cultural scepticism in the US about the medical category of ADHD. Another US study (Schmitz et al, 2003) identified a dominant representation of ADHD as having a biological and genetic origin. This type of representation was typically combined with a medicalised solution and a bias towards white middle-class boys. The US newspaper study by Schmitz et al (2003), a study of US magazines by Singh (2002) and Horton-Salway (2011) UK study of ADHD representations in newspapers all indicated that there may be a consistently gendered focus in representing ADHD in the Western media that mirrors the clinical bias in those cultures towards the referral, diagnosis and medication of boys. In the UK, Lloyd and Norris (1999: 508) also linked the rise in prescription of Ritalin since the 1990s with school referrals that attract extra classroom funding. They identified UK parents’ organisations campaigning in the press to promote biological explanations and medicalised solutions for behavioural problems, although a more recent study of the UK national newspapers indicated greater emphasis on
psychosocial representations of ADHD with more emphasis placed on better parenting solutions (Horton-Salway, 2011).

The gendered nature of ADHD has been apparent for decades in research literature that identifies more boys than girls with ADHD and a gender divide in symptom and referrals. However, there are few studies of how ADHD is represented in the media that are focused on how ADHD is gendered and how that links to the socio-cultural influences that underpin ADHD as a category. Singh’s (2002) study of how mothers and sons have been linked together in media representations of ADHD in US magazines is one notable exception.

This paper contributes to this growing area of how ADHD is gendered by analysing how gendering was constructed in stories about ADHD in UK national newspapers between March 2009 and March 2011. The aim of the analysis is to examine the discourse of stories about ADHD and identify the main ways they are gendered along socio-cultural lines through attributions of cause and blame and through the use of identity constructions that perpetuate gender stereotypes.

**Method**

The method is qualitative, applying discursive psychology (DP) to extracts of media stories. The focus is UK national newspapers between the years 2009-2011 which was the most recent at the time of the data collection and produced a manageable amount of data for this type of detailed discursive psychology analysis. The study follows a similar methodological rationale to a previous study of repertoires of ADHD in UK newspapers by the author between 2000-2009 (Horton-Salway, 2011). The current study develops the study of ADHD in the UK newspaper media into a greater focus on the discourse of gender and ADHD.
A search of Nexis UK covered the period March 2009-March 2011 using key term ‘ADHD’ with more than three references to ADHD in the article. Other terms such as ‘ADD’ and ‘hyperactivity’ produced repeat articles. The initial search identified 162 articles with 44 articles selected for further analysis after identifying gender relevant stories using terms such as boy, girl, mother, father, son and daughter. A limitation was that more subtle forms of gendering in discourse could be missed by using gendered search terms (Sheriff and Weatherall, 2009). 44 articles identified by gender relevant search terms were analysed in detail to categorise different types of stories and representation. This was narrowed down to ten extracts presented below that are used to show the main types of gendering that were identified in this sample. Discursive psychology (DP) was applied to analyse how representations were constructed and their performative function. DP is based on the premise that discourse is a form of social action and draws on the principles of the ‘Discursive Action Model’ (Edwards and Potter, 1992: 154-155). This is concerned with how reports are constructed as factual, how they are organised as explanations, reportings, blamings or defences. The main topics of interest for DP here are social psychological phenomena such as cultural categories, social identities and attributions and these are treated as discursive rather than cognitive phenomena. The aim of the analysis is to show how these social psychological phenomena are actively constituted through discourse. When versions of social reality are produced in discourse this entails the construction of socio-cultural categories and the juxtaposition of causal relations and social identities. DP therefore treats cultural categories, attributions and social identities as the discursive nuts and bolts of different versions of social reality (Edwards, 1997). It is assumed that accounts and descriptions are organised rhetorically to construct arguments such that versioned descriptions are positioned against counter representations (Billig, 1987; 1991). For these reasons, there is an analytic focus on how representations of ADHD are built; what kinds of discursive resources are used to
version accounts; and what social actions are accomplished by these representations (Potter, 1996).

The following analysis is organised to show how the category of ADHD is produced in media reports alongside the social psychological phenomena of attributions and gendered social identities: Two related issues are explored 1) how attributions of cause or accountability are constructed in newspaper stories about ADHD and how gendered social identities are implicated in that process to support attributions of cause, blame or accountability. 2) How representations of ADHD and gender identities are co-produced and thereby contribute to the production and re-production of ADHD as a debated cultural phenomenon that depends on gender stereotypes.

Analysis

Summary

162 articles were identified by the search term ADHD in UK national newspapers (2009-2011). Only 27% (44) were gendered, and 20% (10 extracts) were used for a detailed analysis of the dominant gender representations below. For practical purposes the ten extracts focus only on aspects of the stories that referred in some way to gender.

25 (56%) articles referred to males with ADHD (18 boys and 7 men) compared with 4 (9%) articles that referred to females with ADHD (3 women and 1 girl). 3 (7%) articles referred to fathers of children with ADHD whilst 12 (27%) articles focused on mothers of children with ADHD. However, 9 (20%) of the articles that referred to sons also referred to mothers therefore it is more meaningful to say that a total of 21 (48%) articles on children with ADHD referred to mothers compared with only 3 (7%) articles referring to fathers.
The dominant gender representations below demonstrate firstly how mothers and fathers are implicated differently in attributional stories about ADHD, secondly how boys and men are represented as victims, villains and heroes and thirdly how girls and women with ADHD are rarely represented. The analysis considers how socio-cultural stereotyping and the construction of ADHD are linked together and co-produced to support rhetorical positions in discourse.

**ADHD and Genes: Fathers and sons**

Gene research is a common theme in newspaper stories on ADHD (Author, 2011; Schmitz et al, 2003). In the period 2009-2011, several articles in the UK national newspapers reported a research study published in the Lancet in 2010 that gave rise to much debate about the genetic versus environmental causes of ADHD. Extracts 1 and 2 both show how attributions of the causes of ADHD and gendered identities were co-constructed in stories about genetic inheritance.

**Extract 1: It's not my fault, Sir, it's in my genes...**The Daily Telegraph (London) October 1, 2010 Friday Edition 2; National Edition)

…We are now being asked to believe, thanks to a study in The Lancet, that children who are disobedient and defiant, who rush around and scream and break things, are primarily the victims of their genetic inheritance. […]The tragedy of yesterday's report is that the rumour of a genetic causation of inattention will spread through the population, and let it off the hook as far as its own responsibility is concerned. It wasn't Johnny who didn't do his homework; it was his genes.
The story represented by extract 1 describes a research study as misleading. The phrase, ‘we are now being asked to believe’ advises scepticism about the latest findings of research linking ADHD and genes. This is partly accomplished through a normalising description of ‘children who are disobedient and defiant’ using a three part list of behaviours which are recognisable as characteristics of an ordinary naughty child, ‘rush around and scream and break things’. The discursive function of three part lists is to construct individually listed items as part of a more general set that defines an inclusive category (Jefferson, 1990). Such lists are common in everyday discourse and perform social actions such as constructing the list of typical behaviours that are characteristic of a naughty child. Here, the social identity and the behaviours that define it are co-produced in the description. The identity construction of normal child is used as a critique of genetic explanations for ADHD, referred to in extract 1 as the ‘rumour of genetic causation’. This term ‘rumour’ works to downgrade the research by mocking hypothetical parents who are likely to be easily influenced to use ADHD to make excuses for children’s behaviour. Such parents are represented as a category of pretenders who jump on the bandwagon, adopting ADHD as a medical explanation to avoid taking the blame. Bandwagon arguments function in discourse to discredit false claims and they also work to produce the true category by contrast. Such arguments are a common feature of the discourse in debates about controversial conditions such as ME or ADHD (Horton-Salway, 2007).

Although much of the news report above is written in ‘gender-neutral’ language (Sheriff and Weatherall, 2009), referring elsewhere in the article to ‘children’ rather than boys, it is the single reference to ‘Johnny’ that suggests to the reader that the ‘children’ whose parents might latch on to ADHD are boys and that their naughty behaviour should be treated as ordinary rather than ADHD. The illocutionary force of this argument is rooted in a shared cultural assumption that naughtiness is ordinary behaviour for children and characteristic of
boys. The upshot of the story is to promote public scepticism about the possible influence of the research in encouraging ‘the population’ to jump on the bandwagon of genetic explanations as an excuse for on the naughty behaviour of boys and by implication their poor parenting.

Extract 2 reports the same gene research in a different newspaper.

**Extract 2: Bad Science: The stigma of ADHD sticks even when it's in the genes** (The Guardian (London) - Final Edition October 9).

Over the past week more battles have been raging over attention deficit hyperactivity disorder (ADHD), after a paper published by a group of Cardiff researchers found evidence for a genetic association with the condition. [...] More interesting were the moral and cultural interpretations heaped on to this finding, not least by the authors. "Now we can say with confidence that ADHD is a genetic disease and that the brains of children with this condition develop differently to those of other children,” said Professor Anita Thapar. "We hope that these findings will help overcome the stigma associated with ADHD.” Does the belief that such problems have a biological cause really help to reduce stigma? [...] Jo Phelan, in her paper "Genetic bases of mental illness - a cure for stigma?”, said that a story about genetic causes may lead to people being conceived of as "defective” or "physically distinct”. It can create an associative stigma for the whole family, who receive labels such as "at risk” or "carrier". [...] Perhaps it will go further: your children will experience an anticipatory stigma. Do they have this condition, like their father? "It's genetic you know.”

Extract 2 describes a different consequence arising from the same research findings which are condemned as ‘Bad science’ in the title. The story does not describe the research findings in any detail but gives the gist, trading more on an argument put forward by the researchers about the possible ‘moral and cultural interpretations’ of the findings. In fact, the article
itself does not use the term stigma and makes a modest one line statement to the effect that ‘the findings allow us to refute the hypothesis that ADHD is purely a social construct which has important clinical and social implications for affected children and their families.’ (Williams et al, 2010). However, the critique foregrounds the moral and social consequences of the research in order to set up a critique based on a list of other research studies. This highlights a link between genetic explanations of mental illness and social stigma found by previous research, exemplified by the reference to Phelan’s research in the extract above. This example refers to the risk of ‘anticipatory stigma’, which means that the research could actually lead to stigma rather than avoid it.

An interesting aspect of extracts 1 and 2 is the practical necessity for science findings to be simplified for the purposes of a media report or indeed for any other publication that describes it, including this one. However, the arguments in the two articles in extracts 1 and 2 above do not cover the findings of the original research in any detail at all. On the contrary, in extract 2, the argument about the social implications of the research is appropriated to enable a cautionary comment to the public to warn them against the implications of research on genetic inheritance. It is interesting that since the media backlash following the publication of the Cardiff research, Gonon, Bezard and Boraud (2011) have published a critical analysis of how neuroscience data on ADHD is frequently represented in the media through summaries and abstracts that are sometimes oversimplified and misleading in the articles themselves. However, the articles represented by the two extracts above showed little evidence of summarising the findings of the research itself, instead focusing on an angle that could be worked up into a moral panic.
But what does this have to do with gendering ADHD? It is apparent that the terms used in the media story in extract 2, ‘children’ and ‘whole family’, do initially imply a ‘gender-neutral’ stance which suggests that any ‘anticipatory stigma’ would be shared between the genders. However, it is ultimately the father who is identified as the gene carrier by the rhetorical question, ‘Do they have this condition, like their father?’ Paradoxically, the report in extract 2 works to set up an anticipation of a naive public reaction of ‘anticipatory stigma’, but in doing this it actively produces an oversimplified, popularised and gendered view of the relationship between ADHD and genes making this available in public discourse. This has the effect of re-producing ADHD as a male phenomenon by implication, foregrounding boys as the natural recipients of inherited ADHD and fathers as passing it on.

**ADHD and Pregnancy Risks: Mothers**

Media stories on ADHD regularly follow up research on pregnancy and risk factors for ADHD. Inevitably the focus is on mothers and the stories give advice or caution pregnant women about the need to follow the advice provided by research findings that are presented uncritically in the stories below as factual statements.

**Extract 3: Drug peril to babies** (The Sun (England) May 19, 2010 Wednesday Edition 1; Scotland)

Blood pressure drugs used in pregnancy may affect a baby's development, experts warned last night. They examined 4,000 patient records and followed 202 children.[…] They were also around four times more likely to have ADHD than children whose mothers had only been prescribed rest.
Extract 4: Smoking is linked to hyperactive children. (DAILY MAIL (London) November 23, 2009 Monday)

Mothers who smoke during pregnancy more than double the chances of having hyperactive children, researchers claim. It estimates that one-fifth of ADHD - Attention-Deficit Hyperactivity disorder - cases could be eliminated if pregnant women stopped smoking.

Extracts 3 and 4 represent events in pregnancy as risk factors for ADHD in children. Extract 3 refers to the risk of pregnant mothers taking blood pressure medication. This is not overtly mother-blame since prescription depends on medical diagnosis so mothers could be seen as victims. However the story does suggest rest as a viable alternative to medical treatment so this makes mothers more accountable for avoiding illness during pregnancy.

Extract 4 makes statistical links between ADHD and maternal smoking. Although this extract implicates smoking as a risk factor, elsewhere the story refers briefly to lead contamination. Maternal smoking is foregrounded through the title and the attribution of blame for ADHD to mothers who smoke. Research statistics are used here as a powerful validating device in combination with story headings that foreground only one aspect of risk factors. The attribution of cause and blame are co-implicated in accounts and descriptions (Edwards and Potter, 1992) and here, the rhetorical message is clear, ‘cases could be eliminated if pregnant women stopped smoking’. The stories in extracts 3 and 4 both have the effect of attributing the cause of ADHD to lifestyle and health issues that pregnant women could change if they followed medical advice. The attributions for ADHD are also gendering through ‘women-specific’ topics of staying healthy during pregnancy and the risks to the unborn child (c.f. Sunderland, 2006:504).

In the above extracts, whilst attributions of cause in ADHD are made in relation to both genders, the genetic explanation linked to fathers does not hold them morally accountable as
agents in the same way as do the attributional stories of risk in pregnancy for mothers. For fathers, ADHD is determined through passing on genes, although the media stories in extracts 1 and 2 both strongly criticise this research, whilst in the stories on ADHD and pregnancy the research findings are uncritically presented as factual making mothers accountable as agents through the discourse of risk management.

**Identity constructions and ADHD**

Only 4 stories represented females, three women and one girl. The women were adult celebrities narrating career and success stories despite ADHD or tongue-in-cheek accounts of busy lives resembling hyperactivity. These few female ‘adult hyperactives’ were self-diagnoses based on biographical re-interpretation (cf. Conrad and Potter, 2000). There is a hint of the ‘bandwagon’ about these self-diagnostic and tongue-in-cheek accounts. Whilst one type describes ordinary busyness as hyperactivity to trivialise ADHD, the other kind is a self-report that could function in two ways. The examples of female adult celebrities with ADHD identified here were heroic stories of overcoming adversity, using ADHD to make sense of the past (Gergen, in Wetherell et al, 2001.). However ADHD can also be used by self-reported ‘adult hyperactives’ to account for past failures (Conrad and Potter, 2000).

There was one exceptional example of a young girl with ADHD (The Times (London), 7 January 2010, ‘Calm voices that turn unruly children into model pupils: Counsellors bring reason to troubled young lives’). This described a disruptive eight year old girl who was counselled rather than excluded or medicated. The girl’s behaviour ‘was so disruptive that her teacher was forced to clear the classroom to calm her down.’ but after the counselling she is described as ‘happier, more attentive and making friends with her classmates.’ The ‘before
and after’ story here indicates how her ADHD was managed but the main upshot is the success story for a school counselling service. ‘Before and after’ structures in narrative storytelling are designed to position an intervening event or intervention as significant and pivotal (Horton-Salway, 2001). Although the description of this girl’s behaviour is represented as extreme in the same way as some reports of boys with ADHD, the pivotal event (counselling) and the reported outcome (successful treatment without medication or exclusion) is in marked contrast to many stories of boys being excluded from school and demonised or medicated. Below, further extracts represent ADHD mainly as a male phenomenon, populated with extreme formulations of social exclusion, or valourised and demonised identities.

**Victims, villains and heroes.**

These examples show how dominant representations of boys and men are accomplished through identity constructions that describe them as victims, villains or heroes.

**Victims**

Victimhood is one representation of boys with ADHD in the media. These stories focus on educational and social exclusion and often take the form of reports by campaigning mothers (see also Lloyd and Norris, 1999). Extract 5 is an example of how accounts of boys with ADHD are paired with representations of mothers as the visible parent who speak for the family. Stories of victims are often descriptions of boys with learning difficulties relating to ADHD, or boys with challenging behavioural problems who have been excluded from school.
Extract 5: Forced out of school because he has ADHD… (The Daily Telegraph (London) October 25, 2010 Monday Edition 1; National Edition)

Exclusion from school is something every parent dreads. […] Dan was starting his second year at an exclusive independent boys’ school and he had behavioural problems. In fact, he had Attention Deficit Hyperactivity Disorder (ADHD), although this had not been formally diagnosed at the time. We knew all along that there was more to his behaviour than simply being "bad". The school chose to ignore this. They were, in my opinion, prepared to cast him aside simply to protect their position in the league tables.

The socially excluded, misunderstood or stigmatised boy with ADHD is one of the most common victim stories on ADHD reported in the media which confirms a finding of Lloyd and Norris (1999:506) who noted coverage of ‘excluded’ children and ‘campaigning’ parents. Extract 5 describes a boy with ‘behavioural problems’ as a victim of injustice in contrast with the school as the callous and uncaring perpetrator who excluded him. The campaigning mother is the source of the report which is constructed using the device of progressively accomplished fact construction (Latour, 1987). The description of ‘behavioural problems’ is incrementally modified to ‘in fact he had Attention Deficit Hyperactivity Disorder (ADHD)’. The phrase ‘this had not been formally diagnosed at the time.’ suggests that ADHD has since become a diagnostic fact. This is strengthened by an experiential claim, ‘we knew all along that his behaviour was more than just “bad”. The term ‘we’ includes both parents this whose credible status is supported by a retrospective formal diagnosis (Potter, 1996). The truth is established by incremental fact construction that Latour (1987) refers to as a hierarchy of modalization made up of incrementally externalising statements. Claims based on internal and individual processes, such as thoughts and beliefs (‘we knew’) are transformed into objective facts through the construction of consensus and corroboration between the experience of the parents and medical opinion. The construction of the boy’s ‘victim’
identity is coupled with a description of the school’s disregard in excluding him despite his ADHD, ‘they chose to ignore this’. The upshot of the story is to construct a victim identity for the boy with ADHD, a valourised representation of the mother and a construction of the school as perpetrator of injustice and more concerned with competitive status than the welfare of a student with a disability.

Victimhood was one representation of boys with ADHD identified in the sample for this study, however previous research also identified dominant representations of ‘Denis the Menace’ stereotypes (Schmitz et al, 2003: 395) and stereotypical representations of ‘boisterous boys’ with ADHD (Horton-Salway, 2011: 543).

**Villains**

The following extracts show how men and boys with ADHD are demonised through extreme stories linking ADHD and serious crime.

**Extract 6: Cab knife nut jailed** *(The Sun (England) August 8, 2009 Saturday Edition 1; National Edition.)*

A thug got ten years' jail yesterday for stabbing a cabbie over an £8 fare. [...] ADHD sufferer [...] was high on cocaine and booze during the 2007 attack. He denied wounding with intent but was found guilty in April. Dad-of-three David said: "He's scum. One day he'll kill someone."

This story constructs the identity of man in relation to a violent crime. Although ADHD is not directly attributed as the cause of the attack, the phrase ‘an ADHD sufferer’ constructs an inferential link between ADHD, violent criminal behaviour and substance abuse. The social identity of the perpetrator is constructed through the choice of terms ‘nut’ implying a mental
illness and ‘thug’ and ‘scum’ which place him in a recognisable social category associated with social problems such as violence and drugs. The link to mental illness in the title serves to reinforce the position that the man belongs to a social category that is associated with stigma and dangerousness.

The next example establishes a more credentialed link between ADHD and serious crime as a male phenomenon.

**Extract 7: Half of all prisoners had ADHD as a child** *(Sunday Express November 28, 2010 Edition 1; National Edition)*

A leading psychiatrist at Broadmoor has said that almost half the prison population could have avoided a life of crime if treated as children for the behavioural disorder ADHD. Susan Young […] best known for her work with Barry George, who was acquitted of the murder of television presenter Jill Dando, believes early diagnosis of the disorder could cut crime and save millions of pounds. Research carried out by Dr Young, who specialises in working with murderers at the high security Berkshire hospital where inmates include serial killer Peter Sutcliffe, the Yorkshire Ripper, reveals that up to 45 per cent of youth offenders and 30 per cent of adult criminals have the condition that causes hyperactivity or inattentiveness. […]

This story reports a scientific research study of prisoners and ADHD by ‘a leading psychiatrist’. The term ‘prisoners’ is ‘gender-neutral’, but the context of the research narrows the focus onto male prisoners in a high security hospital, Broadmoor. This is a more subtle form of gendering that establishes a retrospective link between males, ADHD and a ‘life of crime’. The upshot of the story is that young boys with ADHD could grow up to become dangerous criminals such as serial killers. The threat of violence and criminal careers represented here links to what Gibbs and Jobson (2011) refer to as a ‘global narrative of masculinity’ associated with crime and violence where men can be represented variably as
both perpetrators and victims. In the above extract, extreme cases (Pomerantz, 1986) such as the serial killer are used to justify an assessment of boys with ADHD as a potential danger to society. Previous research has shown how media stories link ADHD and male sex crime (Ray and Hinnant, 2009) and the example above contributes to a moral tale of risk avoidance if children with ADHD were to receive treatment. The need for improved public protection together with an appeal to financial reason to ‘cut crime and save millions of pounds’ are used as structuring devices common in many media stories that address public outrage and fear of crime (Seale, 2003).

Heroes

The ‘hero’ is another extreme identity, regularly constructed in media stories (Seale, 2003) and typically represented as male. Extracts 8, 9 and 10 all have in common a focus on men or boys with ADHD, who are described as successful role models, geniuses, or superheroes.

**Extract 8: Geniuses boosted by ADHD says prof** (The Sun (England) February 4, 2010 Thursday Edition 1; National Edition)

Many of the world’s geniuses were helped by having attention deficit hyperactivity disorder, it will be claimed today. Prof Michael Fitzgerald believes that Picasso, Byron, James Dean and Nirvana singer Kurt Cobain all had it. Other famous sufferers include Che Guevara, Oscar Wilde, Mark Twain, Clark Gable and Jules Verne, according to the academic.

The gender-neutral headline ‘Geniuses boosted by ADHD says prof’ makes an extravagant claim that ‘Many of the world’s geniuses’ have ADHD and that ADHD contributed to their genius. This is attributed to a credible source and represents ADHD as a positive attribute linked to outstanding achievement. Although the term ‘genius’ is ‘gender-neutral’, the
famous geniuses with ADHD are all male artists, writers, performers, actors and a political leader. This gallery of famous men is in sharp contrast to the representation of ‘deviant’ or ‘dangerous criminal’, but neither have much resemblance to mundane experience. They do however conform to dominant forms of masculinity identified in previous research (Kahn, 2009; Kahn and Holmes, 2011; Wetherell and Edley, 1999).

Extract 9, below, is one of the few examples of fathers in stories on ADHD.

**Extract 9: Ritalin tore my son and our family apart** *(DAILY MAIL (London) February 1, 2011)*

From a best-selling children’s author, a damning indictment of the ADHD drug […] I hit on the idea of turning Percy Jackson into a story about Haley. So Percy has ADHD and dyslexia, but realises they are not a weakness, but signs of greatness -- an indicator he is a demi-god. He struggles with words on the page because his mind is hard-wired for Ancient Greece and he needs to be hyper-alert to survive the battlefield. I wanted to show Haley -- and the rest of the world -- that dyslexia and ADHD are nothing to be ashamed of.

This story informs the reader that *Percy Jackson* was written to provide a positive role model for the author’s son and for other children with ADHD. The fictional character *Percy Jackson* is a superhero whose ADHD is ‘an indicator that he is a demi-god’. Although the fiction itself might also provide role models for girls, the press coverage here focuses on a male superhero describing symptoms of ADHD as an asset and the boy as ‘hard-wired’ for battle. This representation draws on a stereotype of inherited male traits for ‘hard-wired’ toughness.

Finally, extract 10 is a hero representation that functions as a critique of medicalization.

**Extract 10: Did our greatest PM have ADHD?** *(The Express October 2, 2010 Saturday Edition 1; National Edition)*
ADHD makes kids quarrelsome, inattentive, impulsive and bloody rude, which is a pretty good description of young Winston. [...] he got up the noses of everyone around him. "Very bad - is a constant trouble to everybody," his headmaster thundered in one report. "He cannot be trusted to behave himself anywhere." [...] We know him as an indefatigable warrior but some of his toughest battles were in private, with his torments and depression. It was dealing with his demons that gave him the personal tools to become the extraordinary man who was voted the Greatest Briton. Yet today young Winston might be stuck at the back of the class in the naughty corner, dosed up to his eyeballs with Ritalin, on the one hand being told it's not really his fault while on the other being largely ignored. That would have been a terrible mistake in Winston's time and it would be a terrible mistake today. [...] I often use the story of young Winston and his ADHD. I search out those kids lurking at the back of the class and remind them that they too can become great men and women, and even perhaps as great as Winston Churchill. [...] 

Extract 10 describes Winston Churchill as displaying the typical behaviours of ADHD such as ‘quarrelsome, inattentive, impulsive and bloody rude’. By contrast the adult Churchill is described as ‘an indefatigable warrior’ and ‘an extraordinary man who was voted the Greatest Briton.’. The metaphor of the warrior echoes the aspirational role model described in extract 9. Here, in extract 10, a contrast structure allows for a transformation from problem child with ADHD to Prime Minister. Although this story suggests that ‘great men and women’ might be role models for children with ADHD, the description of Churchill is gendered. In contrast to accounts of ADHD villains used to promote the medication of young boys who might grow up to be criminals, the valourised representation of an ADHD hero in extract 10 is rhetorically positioned against medication. A hypothetical image of a subdued young Winston, ‘stuck at the back of the class in the naughty corner, dosed up to his eyeballs with Ritalin’ is designed to support the argument that medicating naughty boys is likely to deprive society of its most successful male high flyers.
Discussion

This snapshot of how ADHD and gender intersect in UK national newspapers over a two year period supports previous observations that gendering is deeply embedded in media discourse on ADHD (Horton-Salway, 2011; Schmitz et al 2003; Singh, 2002a and 2002b). Social categories are used in discourse to build accounts, arguments and versions of reality (Edwards, 1991) and in this study gender stereotypes are analysed as categories that are constructed in discourse and are co-dependent with different versions of ADHD.

The analysis above indicated that the ADHD debate is gendered in the following ways. ADHD is represented as a predominantly male phenomenon with the focus on boys and men. However, stories referring to fathers are rare whilst stories representing mothers are more common (c.f. Sunderland, 2006). The focus on mothers exists in the media alongside a bias towards boys and men with ADHD rather than girls. This will come as no great surprise to researchers in gender studies and ADHD research who have observed a similar bias in research literature and clinical practice. The analysis above contributes more detail of how that bias is accomplished and functions in media discourse and how that draws on gendered cultural stereotypes common in western societies. Mothers are more visible as parents who speak for the family whilst fathers are more frequently ‘back-grounded’ or rendered invisible (Sunderland, 2006:504). Mothers are also implicated in blame for ADHD through stories that follow up and emphasise research on ADHD and pregnancy risks whilst stories implicating fathers in genetic aspects of ADHD do not have the same effect in making them accountable as agents to moral or medical regulation. This supports Malacrida’s claim (2002) that the maternal body during pregnancy has become a site of moral regulation and medical intervention and this can be seen in ‘mother-specific’ stories that foreground pregnancy risks.

In contrast, apart from passing on genes for ADHD, the father’s role and influence is
rendered more invisible. The relative absence of representations that depict fathers as parents is unlikely to reflect the experience of everyday lives, but nonetheless it denies fathers a voice and contributes to a stereotype of mothers as the responsible and accountable parent (Blum, 2007; Singh, 2002a)

The gender bias is however reversed in the dominant representation of ADHD as a condition mainly affecting males. This supports the ‘disruptive hypothesis’ which identifies a perceptual focus on the behaviour of boys in the classroom (Ohan and Visser, 2009) whereas here this focus on boys and men is reproduced in the media along with the idea that male social behaviour needs to be a site of moral and medical regulation. The issue of medicalization is persistently linked to extreme negative representations of boys and men as disruptive, deviant or dangerous and these demonising stereotypes link to a traditional dominant form of aggressive masculinity commonly depicted in the media (Kahn, Holmes and Brett, 2011). The use of atypical examples such as these can bias the public imagination, stigmatising those who have ADHD and re-producing this as a masculine phenomenon (cf. Dixon-Woods et al, 2003; Ray and Hinnant, 2009). Although such extreme examples are unlikely to mirror the lives of most ordinary families (Dixon-Woods et al, 2003), the use of extreme cases produces stories that both valourise and demonise.

‘Heroes and villains’ and ‘safety and danger’ are two binary oppositions amongst others that are often used to construct newsworthy narratives that attract public attention (Seale, 2003: 518). ADHD ‘heroes and villains’ approximate to two commonly used discourses of masculinity, the ‘heroic’ and the ‘rebellious’ (Wetherell and Edley, 1999). A third representation identified by Wetherell and Edley is that of ‘ordinary’ masculinity, which is
based on traditional masculinity and approximates to the depiction of ordinary naughty boys represented both above and also in previous studies (Horton-Salway, 2011; Schmitz et al, 2003)). All three forms of masculinity, the superhero; the ordinary naughty boy; and the disruptive or deviant male are fluid social identity categories that are drawn on variably in media discourse about ADHD to construct different positions in the ADHD debate. Extreme polarised representations of ADHD are used to construct moral panics about public safety and the risks presented by dangerous adult males with ADHD, warning of the dire consequences of neglecting to medicate boys with ADHD. Alternatively they warn of the social consequences and dangers of labelling and medicating naughty boys. Perhaps the most worrying aspect of this are those stories that draw on scientific research to construct arguments that bear very little reference to the work accomplished by the science itself. From the accounts of ADHD I saw in the media, a member of the public would have very little idea of the progression of new scientific discovery in ADHD research. On the contrary, many of these research findings seem to be drawn on to reproduce the same range of counter positions in the ADHD debate year on year through a cast of culturally recognisable social actors.

The latest addition to the ADHD debate is the emerging category of the ‘adult hyperactive’ which Conrad and Potter (2000) trace to DSM-111R (APA, 1987). This relatively new category is clearly visible in the retrospective labelling of prison populations on the one hand or men of outstanding achievement on the other. Female ‘adult hyperactives’ are fewer and based on self-reports, suggesting that women are beginning to position themselves in relation to ADHD through retrospective ADHD biographies. Research on adult hyperactives has previously suggested that ADHD is a ‘hidden disorder’ in both girls and women and that diagnosis itself needs to be more ‘gender-sensitive’ since more girls have the ‘inattentive type’ and their symptoms can be confused with other conditions more easily or do not emerge
until puberty (Quinn, 2005: 579). Space is limited here, but further research on how ‘adult hyperactives’ are being constructed both in clinical settings and the public sphere and how these are gendered would be instructive.

The forms of ADHD identity that are most commonly depicted in the media describe boys and men and are limiting in the sense that they draw on more traditional or extreme forms of masculinity. Despite the inclusion of counter representations that have attempted to transform ADHD into an attribute of heroes and exceptional men rather than of deviance, criminality or victimhood, none of these are representative of ordinary experience. Diversity and complexity in ADHD and differences in male (and female) experience in ADHD is all too often neglected in favour of dominant extreme forms of masculinity (Kahn, 2009) and these forms are apparent and used variably in the media in the process of perpetuating the opposing arguments and positions in the ADHD debate.

References


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